Name in Full: Ernest M. Bagley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Montgomery

Date of death: Month 12, Day 7, 1904 — Age: Years 28, Months, Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: white — Birthplace: Md

Occupation: Tax collector — Where Residing if not at place of death: +

Married, Single or Widowed: Married — Name of Wife or Husband: Nellie Rabbitt

Father's Name: Jas. Bagley — Father's Birthplace: Md

Mother's Maiden Name: Nancy — Mother's Birthplace: Md

Name of person giving Imformation: W. R. Pumphrey — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: 2 yrs

Immediate: Exhaustion — How long: 1 wk

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: O. M. Luckett

Address:

Accident or Suicide?: No

LIBRARY BUREAU A88516

Name in Full: Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville; County: Montgomery

Date of death: 1904; Month: 12; Day: 1; Age: Year: 0; Months: 0; Days: 2

Sex: male; Color or Race: white; Birthplace: Md

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed: X; Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ollie C. Baker; Father's Birthplace: Md

Mother's Maiden Name: Florence Watkins; Mother's Birthplace: Md

Name of person giving Imformation: O M Linthicum; How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mal Lean; How long: 2 days

Immediate: Exhaustion; How long: X

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide? No.

LIBRARY BUREAU A88816

Name in Full: George W. Baker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville; County: Montgomery

Date of death: 1904 Month: 12 Day: 16

Age: Years: 68 Months: Days:

Sex: Male

Color or Race: Negro

Birthplace: Maryland

Occupation:

Where Residing if not at place of death: X

Married, Single or Widowed: Widower

Name of Wife or Husband: Colored

Father's Name: Don't Know

Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know

Mother's Birthplace: Maryland

Name of person giving Information: Dulia Baker

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis

How long: Five years

Immediate: Coma

How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide? No

LIBRARY BUREAU A68516

Name in Full: Charlie Bond

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Spencerville — County: Montg.

Date of death: Month: Dec — Day: 24 — 1904

Age — Years: 19 — Months — Days

Sex

Color or Race: Black

Birthplace: Spencerville Md

Occupation: Laborer

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: William Bond

Father's Birthplace: Howard Co

Mother's Maiden Name: Eliza Johnson

Mother's Birthplace: Howard Co.

Name of person giving Information: Charles Johnson

How related: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 25 days

Immediate: Hypostatic Hemorrhage

How long: 10 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Bateman.

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

# Susie E. Brandenburg

Died at Town: Damascus County: Mont. MARYLAND

| Date 1904 Month: 12 Day: 21 | Age Y.: 44 M.: - D.: - | Native of U. S. | Occupation Housewife |
|---|---|---|---|

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife Oliver Brandenburg

Father's Name Asbury Nolesworth | Mother's Maiden Name Elizabeth Duffy

Cause of Death — Primary: Heart Disease — How long sick 2 years

Immediate: " " — ~~Accident, Suicide, Homicide~~

Reported by P. F. Lansdale M. D.

Address Damascus Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79398

Name in Full: Oscar Brown

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Brighton P.O. County: Montg. Co.

Date of death: Month: Dec. Day: 26 1904 Years: Age 16 Months: — Days:

Sex: Male Color or Race: Colored Birthplace: Montg. Co.

Occupation: Farm Hand Where Residing if not at place of death: at place of death

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband: —

Father's Name: Elijah Brown Father's Birthplace: —

Mother's Maiden Name: Mary Hackett. Mother's Birthplace: —

Name of person giving Information: Walter Dorsey How related to deceased: no

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever How long: 3 weeks

Immediate: Intestinal Hemorrhage How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. F. Graves

Address: Brookeville, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Hellen Cashell

Town

Died at Laytonsville

County

Montgomery

MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| Date 1904 | 12 | 29 | Age 20 | 1 | 5 | Md | — |

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | Divorced ~~Number of children living~~

Husband of —

Wife

Father's Name Hazel W. Cashell

Mother's Name Lizzie D. Cashell

Cause of Death: Primary Tuberculosis — How long sick 9 months

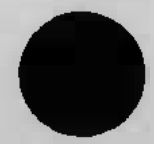
Immediate Exhaustion — Accident, Suicide, Homicide

*Reported by Roger Brooke

Address Sandy Spring

*Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708



Name in Full: Mary A. Carhart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Fay Hill — County: Montgom

Date of death 1904 — Month: Dec — Day: 15 — Age — Years: 89 — Months: 7 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

Married, Single or Widowed: Widow — Name of Wife or Husband: Wash. Carhart, deceased

Father's Name: Jno Everett — Father's Birthplace: Md

Mother's Maiden Name: Nancy Beaden — Mother's Birthplace: Md

Name of person giving information: Ed Beall — How related to deceased: Step Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: A fall (Injured hip) — How long: 4 weeks

Immediate: General Debility and heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Dorsey

Address: Rockville Md

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Beatrice L. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Gaithersburg; County: Montgomery

Date of death 1904: Month: Dec.; Day: 5; Years: 35; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Gaithersburg

Occupation: Dress maker; Where Residing if not at place of death: Gaithersburg

~~Married~~ Single or Widowed; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: A. Leo Brown; Father's Birthplace: Gaithersburg

Mother's Maiden Name: Annie E. Lloyd; Mother's Birthplace: Gaithersburg

Name of person giving Imformation: A. Leo. Brown; How related to deceased: Father

CAUSES OF DEATH

Primary: Tuberculosis; How long: five years

Immediate: Tuberculosis; How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: Ed. C. Eglebrook.

Address: Gaithersburg Md.

PHYSICIAN OR CORONER

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Oliver Curtis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gaithersburg — County: Montgomery

Date of death 190 X — Month: 12 — Day: 16

Age — Years: 18 — Months: — Days: 24

Sex: Male — Color or Race: Negro — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: X

Married, Single or Widowed: Single — Name of Wife or Husband: X

Father's Name: Charles Curtis — Father's Birthplace: Virginia

Mother's Maiden Name: Margaret Sayles — Mother's Birthplace: Maryland

Name of person giving In formation: John Curtis — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Two years

Immediate: Meningitis — How long: Three weeks

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide? No

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Harvey S. Dodd

Town: Unity

County: Montgomery

Died at: MARYLAND

Date 1904 Month Dec Day 22 | Age Y. 81 M. D. | Native of Va | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living Two

Husband ~~Wife~~ of Martha Frances Farley

Father's Name

Mother's Name

Cause of Death: Primary Paralysis 66 | How long sick Four yrs

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by J. W. Summers

Address Unity Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

# Certificate of Death

Chas. Draper

Died at Town: Unity County: Montgomery MARYLAND

Date 1904 Month: DEC Day: 18 | Age Y. M. D. | Native of | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

~~Father's Name~~ ~~Mother's Name~~

Cause of Death: Primary: Chronic Nephritis — How long sick: 3 years

Immediate: Exposure — ~~Accident, Suicide, Homicide~~

Reported by: H. G. Skinner M. D.

Address: Unity Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Alice Rebecca Jordan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Silver Spring — County: Montgomery

Date of death 1904 — Month: Dec — Day: 28 — Age: Years 54 — Months 3 — Days 20

Sex: F — Color or Race: White — Birthplace: Alex. Va.

Married, ~~Single or Widowed~~ — Occupation:

Name ~~of Wife~~ or Husband: W. W. Jordan

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Phthisis Pulmonalis — How long: six months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Alfred T. Carsons

Address: Takoma Park, D.C.

Accident or Suicide?

LIBRARY BUREAU A69519

Name in Full: Chas Meades

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Garrett Park; County: Montgomery

Date of death 1904: Month: Dec; Day: 27

Age: Years: —; Months: 1; Days: 26

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death: Same

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benj Meades

Father's Birthplace: England

Mother's Maiden Name: Mary Carter

Mother's Birthplace: Md

Name of person giving Information: Benj Meades

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis

How long: 6 days

Immediate: Pneumonia

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Howard

Address: Kensington

Accident or Suicide?

105

LIBRARY BUREAU A66816

Name in Full: Emma Poole

12-05-IV

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Martinsburg — County: Montgomery

Date of death 1904 — Month: Dec — Day: 11 — Age: Years 6 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Martinsburg Md

Occupation: — — Where Residing if not at place of death: Martinsburg

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin Thomas Poole — Father's Birthplace: Martinsburg

Mother's Maiden Name: Mary C Codley — Mother's Birthplace: Barnesville

Name of person giving Imformation: Benj T Poole — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup — How long: 4 days

Immediate: Sudden Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: Richard T. Gott

Address: Poolesville

Accident or Suicide? — Coroner's inquest or right not sent in [illegible]

LIBRARY BUREAU A98516

Name in Full

Certificate of Death

Greenbury C. Poole

Died at Town: Damascus County: Montgomery MARYLAND

Date 1904 Month: 12 Day: 28 | Age Y.: 91 M.: 11 D.: 29 | Native of: U. S. | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Divorced~~ | Number of children living: 7

Husband of Wife: Mary Ann Poole

Father's Name: Uriah Poole | Mother's Maiden Name: Nellie Durall

Cause of Death — Primary: Paralysis | How long sick: 1 month

Immediate: " | ~~Accident, Suicide, Homicide~~

Reported by: P. S. Lansdale M. D.

Address: Damascus Md.

Must be signed by physician, if any in attendance, otherwise b[illegible] undertaker or minister.

LIBRARY BUREAU. 79884

Name in Full — Certificate of Death

Richard T. Thompson

Died at Town Clarksburg County Montg. MARYLAND

Date 1904 Month Dec. Day 24 | Age Y. 81 M. D. | Native of Md— | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Rebecca Thompson

Father's Name + | Mother's Name +

Cause of Death — Primary: General debility — Immediate: Heart failure — How long sick 1 yrs —

~~Accident, Suicide, Homicide~~

Reported by L. T. Peel

Address Clarksburg Md—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sidney Jane Thornton

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Brookeville — County: Monty.

Date of death 1904: Month: Dec. — Day: 26 — Age: Years 16 — Months 11 — Days 16

Sex: Female — Color or Race: Colored — Birthplace: Monty. Co.,

Occupation: Children's Nurse — Where Residing if not at place of death: Brookeville,

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

Father's Name: Jno. T. Thornton — Father's Birthplace: Monty. Co.,

Mother's Maiden Name: Martha Bond — Mother's Birthplace: Monty. Co.,

Name of person giving information: Jonathan Gaither — How related to deceased: Step-grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: About one year.

Immediate: Asthenia. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Green

Address: Brookeville, Md.

~~Accident~~ or Suicide?

LIBRARY BUREAU A6808

Name in Full: Alanta Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Olney — County: Montgomery — MARYLAND

Date of death: Month: Dec — Day: 26 — Age: Years: — Months: 10 — Days: 22

Sex: Female — Color or Race: African — Birthplace: Same

Occupation: Nurse — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jno. Williams — Father's Birthplace: Va

Mother's Maiden Name: Lizzie Lewis — Mother's Birthplace: Va

Name of person giving information: Jno Williams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Enteritis — How long: 5 days

Immediate: Acute Enteritis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full: Anne Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kensington — County: Montgomery

Date of death: Month: Dec. — Day: 20 — 1904

Age: Years: about 72 — Months: — Days: —

Sex: Female — Color or Race: Africa — Birthplace: Key

Occupation: Servant — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Ephraim Wilson — Father's Birthplace: Key

Mother's Maiden Name: Sadie Reed — Mother's Birthplace: —

Name of person giving information: Julius Anderson — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Elephantiasis of foot — How long: Several yrs

Immediate: Nephritis & paralysis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington Md

Accident or Suicide? No

LIBRARY BUREAU A6881C